



Office of the State Fire Marshal
Attn: Pyrotechnic Licensing Division
1035 Stevenson Drive
Springfield, Illinois 62703-4259

FOR OFFICIAL USE ONLY

License Type: _____

Limited to: _____

License No.: _____

License Date _____

Application for Production Company License

Any person, company, association, group of persons, or business entity in the film, digital and video media, television, commercial and theatrical stage industry who provides pyrotechnic services or pyrotechnic display services as part of a film, digital and video media, television, commercial, or theatrical production in the State of Illinois must be licensed by the Office of the State Fire Marshal pursuant to the Pyrotechnic Distributor and Operator Licensing Act [225 ILCS 227/1 et seq.]. Please provide the following information (TYPE OR PRINT IN BLACK INK):

1. Type of Production Company License for which you are applying:

☐ Outdoor Professional ☐ Proximate Audience ☐ Flame Effect

2. Company Identification Information:¹

Name: _____

Address: _____

City: _____ State _____ Zip Code: _____

County : _____ Phone: _____ Fax: _____

E-Mail Address: _____ Registered Name of Business: _____

3. All applicants must submit the following:

A. Current List of Officers¹

By initialing and signing below, the undersigned certifies that the applicant is submitting to OSFM a complete and current list of officers, their current personal addresses, and copies of their driver's license (or other government issued ID showing date of birth and photograph). Submit as Attachment A. **Initial:**

¹ "Officer" means: if the business is a sole proprietorship, the owner of the business or any person exercising managerial control; or if the business is a partnership, any partner who has at least 10% ownership interest or any partner who exercises managerial control; or if the business is a corporation, any officer or director of the corporation or any person who has at least 10 % ownership interest in such corporation or who exercises managerial control.

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Pursuant to 41 Ill. Adm. Code § 230.170, should the applicant be granted a license, the production company shall notify OSFM in writing within 5 business days of any changes in the distributor's officers, and within 10 business days of any change of address.

B. General Liability Insurance

By initialing and signing below, the undersigned certifies that the applicant is submitting to OSFM a copy of its currently valid Certificate of Insurance and insurance policy showing proof of not less than \$2,000,000 in general liability insurance and include a rider that specifically covering any damage or injury resulting from the pyrotechnic display services or the pyrotechnic services provided. The insurance coverage shall provide for 30 days minimum coverage prior to written notice of cancellation to the Office. The Insurance coverage shall be an **occurrence based policy**, or its equivalent, and shall cover all periods of time when pyrotechnic materials, including flame effect materials, are in the insured's actual or constructive possession, including those times when the materials are being stored, transported, handled, used, discharged and displayed. The insurer shall not cancel the insured's coverage or remove an additional insured from the policy coverage without notifying the Office in writing at least 15 days before cancellation. Submit as Attachment B.

Initial: _____

Pursuant to 41 Ill. Adm. Code § 230.170, should the applicant be granted a license, the production company shall submit to OSFM in writing within 5 business days a copy of all new Certificates of Insurance and insurance policy language.

C. Illinois Worker's Compensation Insurance

By initialing and signing below, the undersigned certifies that the applicant is submitting to OSFM a currently valid Certificate of Insurance showing proof of Illinois Worker's Compensation Insurance. Submit as Attachment C. **Initial:** _____

Pursuant to 41 Ill. Adm. Code § 230.170, should the applicant be granted a license, the production company shall submit to OSFM in writing within 5 business days a copy of all new Certificates of Insurance.

D. USDOT Identification Number and Hazardous Materials Registration Number when using Display or Special Effects Fireworks.

By initialing and signing below, the undersigned certifies that the applicant is submitting to OSFM proof of a valid United States Department of Transportation (USDOT) Identification Number along with a current USDOT Hazardous Materials Registration Number. Submit as Attachment D. **Initial:** _____

Alternatively, by initialing and signing below, the undersigned certifies that the applicant has employed (or will employ) a lead pyrotechnic operator who has a currently valid USDOT Identification Number and a USDOT Hazardous Materials Registration Number. The undersigned further certifies that that the lead pyrotechnic operator has attached (or will provide) copies of these numbers as Attachment D. **Initial:** _____

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Alternatively, by initialing and signing below, the undersigned certifies that all materials used for the pyrotechnic services provided by the production company, through their Illinois licensed pyrotechnic operator, will either be delivered by a company who has a currently valid USDOT Identification Number and a USDOT Hazardous Materials Registration Number, or all the materials used for the pyrotechnic services provided by the production company, through their Illinois licensed pyrotechnic operator, do not require the possessor of the materials to hold a currently valid USDOT Identification Number and a USDOT Hazardous Materials Registration Number in order to transport those materials. **Initial:** _____

E. **Name of Office-approved Lead Pyrotechnic Operator**

By initialing and signing below, the undersigned certifies that the applicant is submitting the name of the Office-approved Lead Pyrotechnic Operator the production company will employ. This application also grants the Operator a license. **Initial** _____

Name: _____ **License #** _____

Alternatively: In the event the applicant has not employed a licensed Illinois operator at the time of completing this application, the applicant will submit to the Office the name and license number of the licensed lead operator at least 15 days in advance of the performance.

Initial _____

F. **Compliance with the Pyrotechnic Distributor and Operator Licensing Act**

By initialing and signing below, the undersigned certifies that the applicant has not willfully violated any provisions of the Pyrotechnic Distributor and Operator Licensing Act, 225 ILCS § 227. **Initial** _____

By initialing and signing below, the undersigned certifies that the applicant has not made any material misstatement or knowingly withheld information in connection with any original or renewal application filed pursuant to the Pyrotechnic Distributor and Operator Licensing Act.

Initial _____

4. Upon approval of your application, you will be invoiced and for the following:

Production Company Distributor License	\$200
Replacement license (lost, stolen, or destroyed) or Duplicate license (worn, damaged, or address change)	\$25

5. The license issued will be valid for the term of the your insurance policy or for a time period shorter than the term of your insurance if you specify, but in no event shall it exceed 1 year.

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PLEASE NOTE: The OSFM will invoice you once your application has been reviewed and approved. If you have not completed this application fully, your application will be denied. Pursuant to Section 50(c) of the Act, 225 ILCS 227/50(c), all funds paid under this Act are non-refundable. If you submit payment with this application, and the application is denied, OSFM cannot issue you a refund.

Verification and Authorization of Applicant

The undersigned hereby swears or affirms under oath and under penalty of perjury to the following:

Under penalties as provided by law pursuant to Section 1-109 of the Code of Civil Procedure, 735 ILCS § 5.1-109, the undersigned certifies that the statements set forth in this instrument are true and correct, except as to matters therein stated to be on information and belief and as to such matters the undersigned certifies as aforesaid that he/she verily believes the same to be true. The undersigned further certifies that the undersigned is authorized to sign this application on behalf of the licensee and that all information and documents submitted herewith are accurate, true and complete:

Signature: _____

Print Name: _____

Telephone No.: _____

Date: _____

Notary Acknowledgement and Verification

State of _____

County of _____

This instrument was acknowledged before me on _____ (date) by

_____ (name of Distributor's signatory) as _____ (type of

authority, e.g. officer, trustee, etc.) of _____ (name of Pyrotechnic

Distributor) and by _____ (name of pyrotechnic operator). It was signed and

sworn (affirmed) to before me on the above-stated date by _____ and

(name of persons).

Signature and Seal of Notary Public: _____

Failure to sign this application, have it notarized, submit necessary information, or provide attachments will cause your application to be returned and no license will be issued until all requirements are complete. Pursuant to Section 50(c) of the Act, 225 ILCS 227/50(c), all funds paid under this Act are non-refundable. If you submit payment with this application, and the application is denied, OSFM cannot issue you a refund.

Application for Production Company Distributor License

Attachment A – List of Officers²

OFFICER'S FULL NAME (MIDDLE, LAST)	RESIDENTIAL ADDRESS	TITLE	DATE OF BIRTH (MONTH/DAY/YEAR)	STATE ISSUING LICENSE OR ID CARD (COPIES ATTACHED)

² "Officer" means:

if the business is a sole proprietorship, the owner of the business or any person exercising managerial control; or if the business is a partnership, any partner who has at least 10% ownership interest or any partner who exercises managerial control; or if the business is a corporation, any officer or director of the corporation or any person who has at least 10% ownership interest in such corporation or who exercises managerial control.